UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

### NOTICE OF ALLOWANCE AND FEE(S) DUE

22428

7590

12/07/2010

FOLEY AND LARDNER LLP SUITE 500 3000 K STREET NW WASHINGTON, DC 20007 EXAMINER

FARAH, AHMED M

ART UNIT PAPER NUMBER

3769

DATE MAILED: 12/07/2010

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/591.960      | 06/25/2007  | Peter Depew Fiset    | 043844-0110         | 6853             |

TITLE OF INVENTION: PHOTOTHERAPY METHOD FOR TREATING PSORIASIS

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES          | \$755         | \$300               | \$0                  | \$1055           | 03/07/2011 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### PART B - FEE(S) TRANSMITTAL

#### Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where m

| appropriate. All further indicated unless correct maintenance fee notifica                                                                                                                                                                                                                                                                | correspondence including<br>ed below or directed other<br>tions.                                               | ng the Patent, advance onerwise in Block 1, by (                                                                                   | rders and notification of a specifying a new corre                                                                                                                                                                                                                                                                                             | naintenance fees v<br>spondence address                                                                                                                                                                                                                                                                                                                 | vill be<br>; and/or                                | mailed to the current of (b) indicating a separ                                                                       | correspondence address as<br>ate "FEE ADDRESS" for                                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                                              |                                                                                                                |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                                           |                                                    |                                                                                                                       |                                                                                                                                  |  |
| 22428                                                                                                                                                                                                                                                                                                                                     | 7590 12/07                                                                                                     | 7/2010                                                                                                                             | nav                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                         |                                                    | <u> </u>                                                                                                              |                                                                                                                                  |  |
| FOLEY AND LARDNER LLP<br>SUITE 500<br>3000 K STREET NW                                                                                                                                                                                                                                                                                    |                                                                                                                |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                                    |                                                                                                                       |                                                                                                                                  |  |
| WASHINGTON                                                                                                                                                                                                                                                                                                                                | I, DC 20007                                                                                                    |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                                                                                                       | (Depositor's name)                                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                                                                                                       | (Signature)                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                                                                                                       | (Date)                                                                                                                           |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                           | FILING DATE                                                                                                    |                                                                                                                                    | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                         | ATTO:                                              | RNEY DOCKET NO.                                                                                                       | CONFIRMATION NO.                                                                                                                 |  |
| 10/591,960                                                                                                                                                                                                                                                                                                                                | 06/25/2007                                                                                                     |                                                                                                                                    | Peter Depew Fiset                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                         |                                                    | 043844-0110                                                                                                           | 6853                                                                                                                             |  |
| TITLE OF INVENTION                                                                                                                                                                                                                                                                                                                        | : РНОТОТНЕКАРУ М                                                                                               | ETHOD FOR TREATIN                                                                                                                  | G PSORIASIS                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                                                                                                       |                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                                                                                                       |                                                                                                                                  |  |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                               | SMALL ENTITY                                                                                                   | ISSUE FEE DUE                                                                                                                      | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                            | PREV. PAID ISSU                                                                                                                                                                                                                                                                                                                                         | E FEE                                              | TOTAL FEE(S) DUE                                                                                                      | DATE DUE                                                                                                                         |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                            | YES                                                                                                            | \$755                                                                                                                              | \$300                                                                                                                                                                                                                                                                                                                                          | <b>\$</b> 0                                                                                                                                                                                                                                                                                                                                             |                                                    | \$1055                                                                                                                | 03/07/2011                                                                                                                       |  |
| EXAM                                                                                                                                                                                                                                                                                                                                      | IINER                                                                                                          | ART UNIT                                                                                                                           | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                 | ]                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                                                                                                       |                                                                                                                                  |  |
| FARAH, A                                                                                                                                                                                                                                                                                                                                  | FARAH, AHMED M                                                                                                 |                                                                                                                                    | 128-898000                                                                                                                                                                                                                                                                                                                                     | J                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                                                                                                       |                                                                                                                                  |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |                                                                                                                |                                                                                                                                    | (1) the names of up to or agents OR, alternati (2) the name of a sing registered attorney or                                                                                                                                                                                                                                                   | name of a single firm (having as a member a red attorney or agent) and the names of up to tered patent attorneys or agents. If no name is                                                                                                                                                                                                               |                                                    |                                                                                                                       |                                                                                                                                  |  |
| PLEASE NOTE: Un<br>recordation as set fort<br>(A) NAME OF ASSI                                                                                                                                                                                                                                                                            | less an assignee is ident<br>h in 37 CFR 3.11. Comp<br>GNEE                                                    | ified below, no assignee<br>pletion of this form is NO                                                                             | THE PATENT (print or ty<br>data will appear on the p<br>T a substitute for filing an<br>(B) RESIDENCE: (CITY                                                                                                                                                                                                                                   | atent. If an assign<br>assignment.<br>7 and STATE OR C                                                                                                                                                                                                                                                                                                  | COUNT                                              | TRY)                                                                                                                  |                                                                                                                                  |  |
| Please check the appropr                                                                                                                                                                                                                                                                                                                  | iate assignee category or                                                                                      | categories (will not be p                                                                                                          | rinted on the patent):                                                                                                                                                                                                                                                                                                                         | Individual 🖵 Co                                                                                                                                                                                                                                                                                                                                         | orporati                                           | on or other private grou                                                                                              | up entity Government                                                                                                             |  |
| 4a. The following fee(s) are submitted:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies                                                                                                                                                                                                 |                                                                                                                |                                                                                                                                    | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). |                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                                                                                                       |                                                                                                                                  |  |
| 5. Change in Entity Sta                                                                                                                                                                                                                                                                                                                   | <b>tus</b> (from status indicateds SMALL ENTITY state                                                          |                                                                                                                                    | ☐ b. Applicant is no lon                                                                                                                                                                                                                                                                                                                       | ger claiming SMA                                                                                                                                                                                                                                                                                                                                        | LLENT                                              | FITY status See 37 CF                                                                                                 | R 1 27(9)(2)                                                                                                                     |  |
| NOTE: The Issue Fee an                                                                                                                                                                                                                                                                                                                    | d Publication Fee (if rea                                                                                      |                                                                                                                                    | d from anyone other than                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                                                                                                       |                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                                                                                                       |                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                                                                                                       |                                                                                                                                  |  |
| Typed or printed name  This collection of information is required by 37 CFR 1.311. The information                                                                                                                                                                                                                                        |                                                                                                                |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                | -                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                                                                                                       |                                                                                                                                  |  |
| This collection of inform<br>an application. Confiden<br>submitting the complete<br>this form and/or suggest:<br>Box 1450, Alexandria, V<br>Alexandria, Virginia 223                                                                                                                                                                      | tiality is governed by 35<br>d application form to the<br>ions for reducing this bu<br>7irginia 22313-1450. DC | CFR 1.311. The informatic<br>U.S.C. 122 and 37 CFR<br>& USPTO. Time will vary<br>rden, should be sent to the<br>O NOT SEND FEES OR | on is required to obtain or 1.14. This collection is esy depending upon the indite Chief Information Offic COMPLETED FORMS T                                                                                                                                                                                                                   | retain a benefit by the timated to take 12 stricted and case. Any color, U.S. Patent and D THIS ADDRESS                                                                                                                                                                                                                                                 | the publ<br>minutes<br>omment<br>Traden<br>S. SENI | ic which is to file (and to complete, including so on the amount of time ark Office, U.S. Depard TO: Commissioner for | by the USPTO to process), gathering, preparing, and to you require to complete them of Commerce, P.O. or Patents, P.O. Box 1450, |  |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450

P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO.                          | FILING DATE    | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.            | CONFIRMATION NO. |  |
|------------------------------------------|----------------|----------------------|--------------------------------|------------------|--|
| 10/591,960                               | 06/25/2007     | Peter Depew Fiset    | 043844-0110                    | 6853             |  |
| 22428 7                                  | 590 12/07/2010 | EXAMINER             |                                |                  |  |
| FOLEY AND LARDNER LLP                    |                |                      | FARAH, AHMED M                 |                  |  |
| SUITE 500                                |                |                      | ART UNIT                       | PAPER NUMBER     |  |
| 3000 K STREET NW<br>WASHINGTON, DC 20007 |                |                      | 3769<br>DATE MAILED: 12/07/201 | 0                |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Application No.       |                                   | Applicant(s)           |               |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|------------------------|---------------|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10/591,960            |                                   | FISET, PETER DEPEW     |               |  |  |  |
| Notice of Allowability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Examiner              |                                   | Art Unit               |               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ahmed M. Fa           | ırah                              | 3769                   |               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Allineu W. Fa         | Idii                              | 3709                   |               |  |  |  |
| The MAILING DATE of this communication appears on the cover sheet with the correspondence address All claims being allowable, PROSECUTION ON THE MERITS IS (OR REMAINS) CLOSED in this application. If not included herewith (or previously mailed), a Notice of Allowance (PTOL-85) or other appropriate communication will be mailed in due course. THIS NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RIGHTS. This application is subject to withdrawal from issue at the initiative of the Office or upon petition by the applicant. See 37 CFR 1.313 and MPEP 1308. |                       |                                   |                        |               |  |  |  |
| 1. This communication is responsive to the amendment filed of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <i>June 9, 2010</i> . |                                   |                        |               |  |  |  |
| 2. The allowed claim(s) is/are 68-72,74 and 77.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                   |                        |               |  |  |  |
| <ul> <li>3. ☐ Acknowledgment is made of a claim for foreign priority ur</li> <li>a) ☐ All b) ☐ Some* c) ☐ None of the:</li> <li>1. ☐ Certified copies of the priority documents have</li> </ul>                                                                                                                                                                                                                                                                                                                                                                            |                       |                                   |                        |               |  |  |  |
| 2. ☐ Certified copies of the priority documents have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                   |                        |               |  |  |  |
| 3. Copies of the certified copies of the priority do                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       | · · · —                           |                        | tion from the |  |  |  |
| International Bureau (PCT Rule 17.2(a)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                   | g                      |               |  |  |  |
| * Certified copies not received:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                   |                        |               |  |  |  |
| Applicant has THREE MONTHS FROM THE "MAILING DATE" of this communication to file a reply complying with the requirements noted below. Failure to timely comply will result in ABANDONMENT of this application.  THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.                                                                                                                                                                                                                                                                                                                 |                       |                                   |                        |               |  |  |  |
| 4. A SUBSTITUTE OATH OR DECLARATION must be submitted. Note the attached EXAMINER'S AMENDMENT or NOTICE OF INFORMAL PATENT APPLICATION (PTO-152) which gives reason(s) why the oath or declaration is deficient.                                                                                                                                                                                                                                                                                                                                                           |                       |                                   |                        |               |  |  |  |
| 5. CORRECTED DRAWINGS ( as "replacement sheets") mus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | st be submitted       |                                   |                        |               |  |  |  |
| (a) ☐ including changes required by the Notice of Draftsperson's Patent Drawing Review ( PTO-948) attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                                   |                        |               |  |  |  |
| 1) 🔲 hereto or 2) 🔲 to Paper No./Mail Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                                   |                        |               |  |  |  |
| <ul><li>(b) ☐ including changes required by the attached Examiner's<br/>Paper No./Mail Date</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s Amendment /         | Comment or in the O               | ffice action of        |               |  |  |  |
| Identifying indicia such as the application number (see 37 CFR 1 each sheet. Replacement sheet(s) should be labeled as such in the                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                   |                        | back) of      |  |  |  |
| 6. DEPOSIT OF and/or INFORMATION about the deposit of BIOLOGICAL MATERIAL must be submitted. Note the attached Examiner's comment regarding REQUIREMENT FOR THE DEPOSIT OF BIOLOGICAL MATERIAL.                                                                                                                                                                                                                                                                                                                                                                            |                       |                                   |                        |               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                   |                        |               |  |  |  |
| Attachment(s)  1.  Notice of References Cited (RTO 802)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5 [                   | ] Notice of Informal Pa           | atant Application      |               |  |  |  |
| <ol> <li>Notice of References Cited (PTO-892)</li> <li>Notice of Draftperson's Patent Drawing Review (PTO-948)</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _                     | ] Interview Summary (             |                        |               |  |  |  |
| _ ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       | Paper No./Mail Date               | ė                      |               |  |  |  |
| 3. ☑ Information Disclosure Statements (PTO/SB/08), Paper No./Mail Date 09/08/2006 (2 <sup>nd</sup> copy with a minor cor                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7. [<br>rection)      | 7. ☐ Examiner's Amendment/Comment |                        |               |  |  |  |
| Examiner's Comment Regarding Requirement for Deposit of Biological Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8.                    | Examiner's Stateme                | nt of Reasons for Allo | wance         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9. 🗆                  | Other                             |                        |               |  |  |  |
| /Ahmed M Farah/<br>Primary Examiner, Art Unit 3769                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                   |                        |               |  |  |  |
| Timiary Examiner, Art Offic 3709                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                   |                        |               |  |  |  |

## **REASONS FOR ALLOWANCE**

The following is an examiner's statement of reasons for allowance: the prior art of record alone or in combination fails to disclose, teach or suggest a phototherapy method for treating psoriasis by irradiating to the effected body tissue with a narrowband light having an emission peak at or between 311 nm to 312 nm and FWHM of about 0.1 to 2 nm as claimed.

Any comments considered necessary by applicant must be submitted no later than the payment of the issue fee and, to avoid processing delays, should preferably accompany the issue fee. Such submissions should be clearly labeled "Comments on Statement of Reasons for Allowance."

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Ahmed M. Farah whose telephone number is (571) 272-4765. The examiner can normally be reached on Mon, Tue, Thur and Fri between 9:30 AM 7:30 PM.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Johnson Henry can be reached on (571) 272-4768. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-

Application/Control Number: 10/591,960 Page 3

Art Unit: 3769

direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/Ahmed M Farah/ Primary Examiner, Art Unit 3769

June 21, 2010.